Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 1 of 50

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
	·	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture	William First name P Middle name	First name Middle name	
	identification to your meeting with the trustee.	Coyne Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5388	

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48

Document Page 2 of 50 Desc Main

Case number (if known)

Debtor 1 William P Coyne

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
Any business names and Employer Identification lumbers (EIN) you have used in the last 8 years include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)		
	EINS	EINs		
Vhere you live	1228 S Lincoln Ave	If Debtor 2 lives at a different address:		
	Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
	Cook County	County		
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
	Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
Vhy you are choosing his district to file for eankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		
	Imployer Identification lumbers (EIN) you have sed in the last 8 years include trade names and loing business as names. Where you live Why you are choosing this district to file for	In business names and mployer identification lumbers (EIN) you have sed in the last 8 years include trade names and bing business as names Business name(s)		

Entered 05/16/16 21:33:48
Page 3 of 50 Case 16-16525 Doc 1 Filed 05/16/16 Desc Main

Document Case number (if known) Debtor 1 William P Coyne

Part	2: Tell the Court About	Your B	ankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7						
	choosing to file under							
		□с	hapter 11					
		□с	hapter 12					
		□с	hapter 13					
8.	How you will pay the fee	•	about how yo	u may pay. Typ attorney is sub	pically, if you are paying t	ne fee yourself, you may pa	office in your local court for ray with cash, cashier's chec nay pay with a credit card or	k, or money
☐ I need to pay the fee in installments. I The Filing Fee in Installments (Official F					nts. If you choose this option, sign and attach the <i>Application for Individuals to Pay</i> ial Form 103A).			
							ing for Chapter 7. By law, a	
			applies to you	ır family size ar	nd you are unable to pay	the fee in installments). If y	than 150% of the official pov rou choose this option, you r	must fill out
			the Application	n to Have the (Chapter 7 Filing Fee Wai	ved (Official Form 103B) ar	d file it with your petition.	
9.	Have you filed for bankruptcy within the	■ No	0.					
	last 8 years?	□ Ye	es.					
			District		When _			
			District		When		se number	
			District		When	Cas	se number	
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is	□ Ye						
	not filing this case with you, or by a business partner, or by an affiliate?							
			Debtor			Rela	tionship to you	
			District		When	Case	e number, if known	
			Debtor			Rela	tionship to you	
			District		When	Case	e number, if known	
11.	Do you rent your	□ No	o. Go to l	ine 12.				
	residence?	■ Ye	es. Has yo	ur landlord obta	ained an eviction judgme	nt against you and do you	want to stay in your residence	ce?
				No. Go to line	12.			
				Yes. Fill out Inbankruptcy pe		Eviction Judgment Against	You (Form 101A) and file it	with this

ebt	Case 16-1	16525	Doc 1	Filed 05/16/16 Document	Entered 05/16/16 21:33:48 Page 4 of 50 Case number (if known)	Desc Main
art	3: Report About Any Bu	ısinesses Y	ou Own a	s a Sole Proprietor		
	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Pa	art 4.		
		☐ Yes.	Name a	nd location of business		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			f business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Number	, Street, City, State & ZIP	Code	
	it to this petition.			he appropriate box to des		
				Health Care Business (as	defined in 11 U.S.C. § 101(27A))	
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as defined in	11 U.S.C. § 101(53A))	
				Commodity Broker (as def	fined in 11 U.S.C. § 101(6))	
			1 🗆	None of the above		
	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines.	. If you indi	cate that you are a small by statement, and federal in	ust know whether you are a small business de pusiness debtor, you must attach your most re acome tax return or if any of these documents	ecent balance sheet, statement of
	For a definition of small	■ No.	I am not	filing under Chapter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filin Code.	g under Chapter 11, but I	am NOT a small business debtor according t	o the definition in the Bankruptcy
		☐ Yes.	I am filin	g under Chapter 11 and I	am a small business debtor according to the	definition in the Bankruptcy Code.
art	A: Papart if You Own or	Have Any	Hazardous	Property or Any Prope	rty That Noods Immediate Attention	

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

INO.	

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 5 of 50

Debtor 1 William P Coyne

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 6 of 50

Der	william P Coyne				Del (if known)			
Par	t 6: Answer These Quest	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	individual primarily for a pe	consumer debts? Consumer debts are deersonal, family, or household purpose."	efined in 11 U.S.C. § 101(8) as "incurred by an			
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	u owe that are not consumer debts or busin	ess debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapt	ter 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.		7. Do you estimate that after any exempt pro available to distribute to unsecured creditor	operty is excluded and administrative expenses rs?			
	administrative expenses		■ No					
	are paid that funds will be available for		□Yes					
	distribution to unsecured creditors?							
18.	How many Creditors do you estimate that you owe?	■ 1-49		□ 1,000-5,000	□ 25,001-50,000			
		☐ 50-99	1	□ 5001-10,000	5 0,001-100,000			
		□ 100-1 □ 200-9		□ 10,001-25,000	☐ More than100,000			
19.	How much do you estimate your assets to be worth?	\$ 0 - \$	50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
			01 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion			
		□ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
20.	How much do you estimate your liabilities	\$0 - \$	50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	to be?		001 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion			
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion			
Par	t 7: Sign Below							
For	you	I have ex	camined this petition, and I c	leclare under penalty of perjury that the info	ormation provided is true and correct.			
				r 7, I am aware that I may proceed, if eligib e relief available under each chapter, and I	le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.			
			If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		bankrupt and 357						
		William	am P Coyne P Coyne of Debtor 1	Signature of Deb	otor 2			
		Executed		Executed on				
			MM / DD / YYYY	N	IM / DD / YYYY			

Debtor 1 William P Coyne Document Page 7 of 50 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Robert	J Skowronski	Date	May 16, 2016
Signature of	Attorney for Debtor		MM / DD / YYYY
Robert J S	kowronski		
Printed name			
Law Office	es of Robert J Skowronski, Ltd		
Firm name			
5491 N. Mi	lwaukee Ave		
Chicago, II	L 60630		
Number, Street,	City, State & ZIP Code		
Contact phone	(773) 283-1600	Email address	rbskowronski@gmail.com
6290776			
Bar number & St	ate		

		Docum	ent Page 8 of 50	
Fill in this inform	nation to identify your	case:		
Debtor 1	William P Coyne			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	8,062.12
	1c. Copy line 63, Total of all property on Schedule A/B	\$	8,062.12
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	4,290.27
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	23,214.93
	Your total liabilities	\$	27,505.20
Par	t3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,963.40
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,228.31
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for	a nerconal	family or

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Case 16-16525 Document

Page 9 of 50
Case number (if known) Debtor 1 William P Coyne

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,295.76

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

			Document	Page 10 of 50		
Fill in	this inf	ormation to identify your cas	se and this filing:			
Debto	or 1	William P Coyne				
		First Name	Middle Name	Last Name		
Debto	or 2 e, if filing)	First Name	Middle Name	Last Name		
	-					
United	d States	Bankruptcy Court for the: N	ORTHERN DISTRICT OF ILL	NOIS		
Case	number					☐ Check if this is ar
				_		amended filing
Ott:	aial F	- nm 1061/D				
_		form 106A/B				
Sch	าedเ	ıle A/B: Prope	rty			12/15
think it informa Answer	fits best ation. If n r every q		as possible. If two married peop eparate sheet to this form. On the	le are filing together, both a ne top of any additional pag	re equally responsible for sup	plying correct
Part 1:	Descri	be Each Residence, Building, La	and, or Other Real Estate You O	wn or Have an Interest In		
1. Do y	ou own	or have any legal or equitable in	terest in any residence, building	, land, or similar property?		
_						
_ ``	lo. Go to					
ЦΥ	es. Whe	re is the property?				
Part 2:	Descri	be Your Vehicles				
□ N ■ Y						
3.1	Make:	Ford	Who has an interest in t	ne property? Check and	Do not deduct secured cla	ims or exemptions. Put
3.1		Escape	_	ie property? Check one	the amount of any secured claims on Schedule D Creditors Who Have Claims Secured by Property.	
	Model: Year:	2003	Debtor 1 only ☐ Debtor 2 only			, , ,
		nate mileage: 140,00		only	Current value of the entire property?	Current value of the portion you own?
	Other in	formation:	At least one of the deb			
			Check if this is comn (see instructions)	nunity property	\$3,056.00	\$3,056.00
2.2	Makai	Suzuki	Who has an interest in t	an memority 2 O	Do not deduct secured cla	ims or exemptions. Put
3.2	Make:	GSX-R1100W	Who has an interest in the	ne property? Check one	the amount of any secured	I claims on Schedule D:
	Model: Year:	1993	Debtor 1 only ☐ Debtor 2 only		Creditors Who Have Claim	
		nate mileage: 27,00		only	Current value of the entire property?	Current value of the portion you own?
		formation:	At least one of the deb			
			Check if this is comn	nunity property	\$3,000.00	\$3,000.00
	mples: B	aircraft, motor homes, ATV				

Official Form 106A/B Schedule A/B: Property page 1

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Page 11 of 50
Case number (if known) Document Debtor 1 William P Coyne 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$6,056.00 pages you have attached for Part 2. Write that number here.......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe..... Basic used household goods & furnishings \$1,000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$500.00 Basic used electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ No ■ Yes. Describe..... \$50.00 Basic used sports, hobby & recreational equipment 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$250.00 Basic used clothing

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

☐ Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

☐ Yes. Describe.....

De	btor 1	William P Coyne	Doc	ument	Page 12 of 50 Case number (if known)
	■ No		usehold items you did not a	already list,	, including any health aids you did not list	
15			of your entries from Part 3 per here		any entries for pages you have attached	\$1,800.00
Pa	rt 4: Des	cribe Your Financial A	ssats			
			or equitable interest in any	of the follo	owing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	□ No ·		in your wallet, in your home,		eposit box, and on hand when you file your peti	tion
					Cash	\$25.00
	Examp. □ No		s, or other financial accounts a have multiple accounts with Checking account			houses, and other similar
		17	ending in 0825. Account is in the negative.	TCF Bai	nk	\$0.00
		17	Checking acocunt checking in 4988.	Village I	Bank & Trust	\$181.12
18.			ublicly traded stocks stment accounts with brokera	age firms, m	oney market accounts	
	_		Institution or issuer name	e:		
	joint ve ■ No	enture	and interests in incorporate tion about them Name of entity:	ed and unin	ncorporated businesses, including an interest with the second sec	est in an LLC, partnership, and
	Negotia Non-ne ■ No	able instruments inclu	are those you cannot transfe	s' checks, pr	enegotiable instruments romissory notes, and money orders. te by signing or delivering them.	
	Examp	nent or pension acco les: Interests in IRA, I		o), thrift savir	ngs accounts, or other pension or profit-sharing	g plans
	■ No □ Yes. L	ist each account sep. Ty	arately. /pe of account:	Institution	n name:	
22.	Your sh		posits you have made so that		ontinue service or use from a company lectric, gas, water), telecommunications compa	anies, or others

Page 13 of 50

Case number (if known) Document Debtor 1 William P Coyne Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit $\hfill \square$ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim.......

Case 16-16525

Doc 1

Filed 05/16/16

Entered 05/16/16 21:33:48

Desc Main

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Page 14 of 50

Case number (if known) Document Debtor 1 William P Coyne 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No $\hfill \square$ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$206.12 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00

Part	8: List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$0.00
56.	Part 2: Total vehicles, line 5		\$6,056.00		
57.	Part 3: Total personal and household items, line 15		\$1,800.00		
58.	Part 4: Total financial assets, line 36		\$206.12		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61	_	\$8,062.12	Copy personal property total	\$8,062.12

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$8,062.12

Official Form 106A/B Schedule A/B: Property page 5

		I A A A H I II .		
Fill in this inform	ation to identify your	case:		
Debtor 1	William P Coyne			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
1993 Suzuki GSX-R1100W 27,000 miles	\$3,000.00		\$2,400.00	735 ILCS 5/12-1001(c)
Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	
1993 Suzuki GSX-R1100W 27,000 miles	\$3,000.00		\$600.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	
Basic used household goods & furnishings	\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Basic used electronics Line from Schedule A/B: 7.1	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
Zino nom concada 702. TT			100% of fair market value, up to any applicable statutory limit	
Basic used sports, hobby & recreational equipment	\$50.00		\$50.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 16 of 50

| William P Coyne | Case number (if known) | Case n

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Basic used clot	•	\$250.00			735 ILCS 5/12-1001(a)
Line from Schedule	9 A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
Cash	a A/D: 16 1	\$25.00		\$25.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 16.1				100% of fair market value, up to any applicable statutory limit	
	unt ending in 4988.:	\$181.12		\$181.12	735 ILCS 5/12-1001(b)
Checking acocu Village Bank & Line from Schedule	Trust	\$181.12		\$181.12 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

Debtor 1 William P Coyne First Name Mode Name Last Name	Ca	ase 16-16525		0 05/16/16 21:	33:48 Desc N	lain
Debtor 1 William P Coyne First Name	Fill in this infor	mation to identify you		7 UL 5U		
Debtor 2 (Spouse It, Illing) First Name Middle Name Last Name United States Bankruptcy Court for the: MORTHERN DISTRICT OF ILLINOIS Case number (if Isonom) Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space a needed, copy the Additional Page, (if It out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes, Fill in all of the information below. Part 1: List All Secured Claims. If a rectifor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditor's name. 2. List all secured claims. If a rectifor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditor's name. 2. List all sourced claims. If a rectifor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditor's name. 2. List all sourced claims. If a rectifor has none than one secured claim, list the other creditor's name. Shape, Column A Column B Value of collateral hor of the debt of the debt of the claim is check all that apply. Shape, S						
Debtor 2 (Spoure if, lifring) First Name Middle Name Last Na	Debtor 1					
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	Debtor 2	i iist ivaille	iviluale Name Last Name			
Case number Check if this is an amended filing Check if this is an amended filing the form and the dollar value of colar and the dollar value folial filing Check if this is the last page of your form, add the dollar value totals from all pages.		First Name	Middle Name Last Name		-	
Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 10 on or creditors have claims secured by your property? 11 No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. 12 Yes, Fill in all of the information below. 13 Yes, Fill in all of the information below. 14 The secured Claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim by a continuous control of the creditor same. 15 Yes, Fill in all of the information below. 16 The case of the information below. 17 The case of the information below. 18 The creditor same. 18 Yes, Fill in all of the information below. 19 The case of the information below. 19 The case of the information below. 20 List all secured Claims. If a creditor has more than one secured claim, list the creditor's name. 20 The creditors in Part 2. As mount of claim by a control of claim by a control of claim at supports this claim elasted. 21 Springleaf PA 22 Describe the property that secures the claim: 22 Outs Ford Escape 140,000 miles 23 As of the date you file, the claim is: Check all that apply. 24 Debtor 2 only 25 Debtor 1 only 26 Debtor 2 only 27 Debtor 2 only 28 An agreement you made (such as mortgage or secured carried long). 29 Debtor 2 only 20 Debtor 2 only 20 Debtor 2 only 20 Debtor 2 only 21 Debtor 2 only 22 Debtor 3 Debtor 2 only 23 Debtor 4 Debtor 2 only 24 Debtor 2 only 25 Debtor 2 only 26 Debtor 2 only 27 Debtor 2 only 28 Debtor 2 only 29 Debtor 2 only 20 Debtor 2	United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS			
Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 10 on or creditors have claims secured by your property? 11 No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. 12 Yes, Fill in all of the information below. 13 Yes, Fill in all of the information below. 14 The secured Claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim by a continuous control of the creditor same. 15 Yes, Fill in all of the information below. 16 The case of the information below. 17 The case of the information below. 18 The creditor same. 18 Yes, Fill in all of the information below. 19 The case of the information below. 19 The case of the information below. 20 List all secured Claims. If a creditor has more than one secured claim, list the creditor's name. 20 The creditors in Part 2. As mount of claim by a control of claim by a control of claim at supports this claim elasted. 21 Springleaf PA 22 Describe the property that secures the claim: 22 Outs Ford Escape 140,000 miles 23 As of the date you file, the claim is: Check all that apply. 24 Debtor 2 only 25 Debtor 1 only 26 Debtor 2 only 27 Debtor 2 only 28 An agreement you made (such as mortgage or secured carried long). 29 Debtor 2 only 20 Debtor 2 only 20 Debtor 2 only 20 Debtor 2 only 21 Debtor 2 only 22 Debtor 3 Debtor 2 only 23 Debtor 4 Debtor 2 only 24 Debtor 2 only 25 Debtor 2 only 26 Debtor 2 only 27 Debtor 2 only 28 Debtor 2 only 29 Debtor 2 only 20 Debtor 2	Case number					
Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 10 on any creditors have claims secured by your property? 11 No any creditors have claims secured by your property? 12 No any creditors have claims secured by your property? 13 No and the information below. 14 Septiment of the information below. 15 It all Secured Claims 16 Yes. Fill in all of the information below. 17 Septiment of the information below. 18 Yes. Fill in all of the information below. 18 Yes. Fill in all of the information below. 18 Yes. Fill in all of the information below. 18 Yes. Fill in all of the information below. 19 Column A 20 List all secured claims. If a creditor has a particular claim, list the creditor's name. 21 Springlade PA 22 List all secured claims in alphabetical order according to the creditor's name. 22 Springlade PA 2003 Ford Escape 140,000 miles 2004 Ford Escape 140,000 miles 2005 Ford Escape 140,000 miles 2006 Ford Escape 140,000 miles 2007 Ford Escape 140,000 miles 2008 Ford Escape 140,000 miles 2009 Ford Escape 140,000 miles 2009 Ford Escape 140,000 miles 2009 Ford	_				☐ Check	if this is an
Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Yes. Fill in all of the					amend	ded filing
Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Yes. Fill in all of the	00000	400D				
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case unumber (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims						
s needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 13	Schedule	D: Creditors	Who Have Claims Secure	d by Propert	У	12/15
No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims List All Secured Claims List All Secured Claims List the creditor separately for each claim. If more than one reditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. Po Box 790368 Saint Louis, MO 63179-0368 Number, Street, City, State & Zip Code Disputed	s needed, copy th	e Additional Page, fill it o				
No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As particular claim, list the creditor's name. 2.1 Springleaf PA Creditor's Name PO Box 790368 Saint Louis, MO 63179-0368 Number, Street, City, State & Zip Code Who owes the debt? Check one. As of the date you file, the claim is: Check all that apply. Debtor 1 and Debtor 2 only Debtor 2 only An agreement you made (such as tax lien, mechanic's lien) At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: \$4,290.27 If this is the last page of your form, add the dollar value totals from all pages.	• • •		y your property?			
Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Springleaf PA Creditor's Name PO Box 790368 Saint Louis, MO 63179-0368 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Column A Amount of claim Amount of claim bon tot deduct the value of collateral that supports this claim at support	`	_		(ou have nothing also t	o roport on this form	
Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim bound as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Springleaf PA Creditor's Name PO Box 790368 Saint Louis, MO 63179-0368 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Check if this claim relates to a community debt Date debt was incurred 10/2014 Add the dollar value of your entries in Column A on this page. Write that number here: \$4,290.27 Column A Amount of claim bound of collateral that supports this claim supports the creditor's name. Column A Amount of claim bound supports the creditor's name. \$4,290.27 \$3,056.00 \$1,234.27	_		•	ou have nothing else t	o report on this form.	
2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim Do not deduct the value of collateral. 2.1 Springleaf PA Describe the property that secures the claim: PO Box 790368 Saint Louis, MO 63179-0368 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only An agreement you made (such as mortgage or secured car louin) An agreement you made (such as mortgage or secured car louin) Check if this claim relates to a community debt Date debt was incurred Amount of claim Do not deduct the value of collateral. \$4,290.27 Column B Column B An unter of lein. If more than one creditor has a particular claim, list the creditor's name. Column B An unter of lein and post of cardinary in the squeet of collateral. \$4,290.27 Springleaf PA Describe the property that secures the claim: \$4,290.27 Amount of claim Do not deduct the value of collateral. \$4,290.27 Springleaf PA Describe the property that secures the claim: \$4,290.27 It this is the last page of your entries in Column A on this page. Write that number here: \$4,290.27 If this is the last page of your form, add the dollar value totals from all pages.	Yes. Fill ii	n all of the information I	pelow.			
2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Springleaf PA Describe the property that secures the claim: PO Box 790368 Saint Louis, MO 63179-0368 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 3 and another Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: \$4,290.27 Amount of claim Do not deduct the value of collateral that supports this claim Do not deduct the value of collateral that supports this claim Do not deduct the value of collateral that supports this claim. \$4,290.27 \$3,056.00 \$1,234.27	Part 1: List A	II Secured Claims		O-1 A	Oak was D	0-1
much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Springleaf PA Describe the property that secures the claim: Creditor's Name PO Box 790368 Saint Louis, MO 63179-0368 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check iff this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Do not deduct the value of collateral. Stay 200.27 Stay. 200.27				y		
PO Box 790368 Saint Louis, MO 63179-0368 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Check if this claim relates to a community debt Date debt was incurred As of the date you file, the claim is: Check all that apply. As of the date you file. As of the date you file.				Do not deduct the	that supports this	portion
PO Box 790368 Saint Louis, MO 63179-0368 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 4 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Date debt was incurred As of the date you file, the claim is: Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply.			Describe the property that secures the claim:	\$4,290.27	\$3,056.00	\$1,234.27
Saint Louis, MO 63179-0368 Number, Street, City, State & Zip Code Contingent Unliquidated Disputed	Creditor's Nam	ne	2003 Ford Escape 140,000 miles			
Saint Louis, MO 63179-0368 Number, Street, City, State & Zip Code Contingent Unliquidated Disputed	DO Pay 7	700369				
63179-0368 Number, Street, City, State & Zip Code Unliquidated Disputed						
Number, Street, City, State & Zip Code Unliquidated Disputed		,	<u></u>			
Who owes the debt? Check one. Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: \$4,290.27 If this is the last page of your form, add the dollar value totals from all pages.	Number Stree	et City State & Zin Code	_			
Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.		n, only, onate a 2.p ocus	·			
□ Debtor 2 only	Who owes the de	ebt? Check one.	•			
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 10/2014 Last 4 digits of account number 1341 Add the dollar value of your entries in Column A on this page. Write that number here: \$4,290.27 If this is the last page of your form, add the dollar value totals from all pages.	Debtor 1 only		■ An agreement you made (such as mortgage or se	cured		
☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt ☐ Date debt was incurred 10/2014	Debtor 2 only		car loan)			
Check if this claim relates to a community debt Date debt was incurred 10/2014 Last 4 digits of account number 1341 Add the dollar value of your entries in Column A on this page. Write that number here: \$4,290.27 If this is the last page of your form, add the dollar value totals from all pages.	Debtor 1 and D	ebtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
Community debt Date debt was incurred 10/2014 Last 4 digits of account number 1341 Add the dollar value of your entries in Column A on this page. Write that number here: \$4,290.27 If this is the last page of your form, add the dollar value totals from all pages. \$4,290.27	☐ At least one of	the debtors and another	☐ Judgment lien from a lawsuit			
Add the dollar value of your entries in Column A on this page. Write that number here: \$4,290.27 If this is the last page of your form, add the dollar value totals from all pages. \$4,290.27			Other (including a right to offset)			
If this is the last page of your form, add the dollar value totals from all pages.	Date debt was inc	ourred 10/2014	Last 4 digits of account number 1341			
If this is the last page of your form, add the dollar value totals from all pages.						
If this is the last page of your form, add the dollar value totals from all pages.	Add the dollar v	value of your entries in C	olumn A on this page. Write that number here:	\$4.29	90.27	
	If this is the last	t page of your form, add	. •			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

		Document	Page 1	8 of 50	
Fill in th	nis information to identify your	case:			
Debtor 1	William P Coyne				
	First Name	Middle Name	Last Name		
Debtor 2		Middle Name	Last Name		
(Spouse if,	filing) First Name	Middle Name	Last Name		
United S	States Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS		
Case nu	ımber				
(if known)					☐ Check if this is an
					amended filing
Officia	al Form 106E/F				
	dule E/F: Creditors W	/ho Have Unsecured	Claime		12/15
				Part 2 for creditors with NONDRIG	ORITY claims. List the other party to
schedule schedule eft. Attac	Itory contracts or unexpired leases G: Executory Contracts and Unexp D: Creditors Who Have Claims Sec h the Continuation Page to this pag I case number (if known).	oired Leases (Official Form 106G). I cured by Property. If more space is ge. If you have no information to re	Do not include needed, copy	any creditors with partially secul the Part you need, fill it out, num	red claims that are listed in ber the entries in the boxes on the
Part 1:	List All of Your PRIORITY Ur				
	ny creditors have priority unsecure	ed claims against you?			
	lo. Go to Part 2.				
ПΥ	<u></u> -				
Part 2:	List All of Your NONPRIORIT				
	ny creditors have nonpriority unsec				
	o. You have nothing to report in this p	part. Submit this form to the court with	your other sche	edules.	
Y	es.				
unse	all of your nonpriority unsecured cl cured claim, list the creditor separatel one creditor holds a particular claim, I 2.	y for each claim. For each claim listed	d, identify what t	ype of claim it is. Do not list claims	already included in Part 1. If more
					Total claim
4.1	A/R Concepts Inc	Last 4 digits of acc	ount number	48XX	\$696.00
	Nonpriority Creditor's Name	When wee the deb	4 imaggraph d	12/2014	
	2320 Dean St, Ste 202 Saint Charles, IL 60175-106	When was the deb	t incurred?	12/2014	
_	Number Street City State Zlp Code	_	file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and an		RITY unsecure	d claim:	
	Check if this claim is for a com	<u> </u>			
	debt Is the claim subject to offset?	Obligations arising report as priority cla		ration agreement or divorce that yo	ou did not
	No			g plans, and other similar debts	
	— NO	'	•	account for Golf Western	
	☐ Yes	Other. Specify			

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 19 of 50

Advocate Lutheran General Hosp		4749	ድርፈን ኃን
PA Nonpriority Creditor's Name	Last 4 digits of account number	4749	\$813.33
PO Box 4249 Carol Stream, IL 60197-4249	When was the debt incurred?	2013	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical bill	<u> </u>	
Advocate Medical Group	Last 4 digits of account number	5682	\$2,418.70
Nonpriority Creditor's Name 4920 N Central Ave, Ste 2 Chicago, IL 60630	When was the debt incurred?	2015	
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	a plans, and other similar debts	
□ Yes	Other. Specify Medical bill		
	Other. Specify		
Advocate Medical Group PA	Last 4 digits of account number	5682	\$500.00
Nonpriority Creditor's Name PO Box 92523 Chicago, IL 60675-2523	When was the debt incurred?	2015	
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Other. Specify Medical bill	I	

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 20 of 50

1 William P Coyne		Case number (if know)	
Armor Systems Corp PA	Last 4 digits of account number	0282	\$1,203.00
Nonpriority Creditor's Name 1700 Kiefer Drive, Ste 1 Zion, IL 60099	When was the debt incurred?	08/2014	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
Yes	■ Other. Specify Collection Throat Cen	account for The Ear, Nose & ater	
Barclay Bank CC PA	Last 4 digits of account number	2797	\$2,764.00
Nonpriority Creditor's Name PO Box 60517 City of Industry, CA 91716-0517	When was the debt incurred?	07/2009 - 09/2014	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
\square Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit card	l bill	
Capital One Bank CC PA	Last 4 digits of account number	6327	\$1,050.16
Nonpriority Creditor's Name PO Box 6492	When was the debt incurred?	09/2013 - 09/2014	
Carol Stream, IL 60197-6492 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	• ,		
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	and the second of diverse that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other Specify Credit card	l bill	

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 21_of 50

Debtor 1 William P Coyne Case number (if know) 4.8 \$895.66 Center For Internal Medicine PA Last 4 digits of account number 0988 Nonpriority Creditor's Name 501 North Riverside Drive, Ste 216 When was the debt incurred? 2015 Gurnee, IL 60031 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical bill ☐ Yes 4.9 First Premier Bank CC PA Last 4 digits of account number 9156 \$751.00 Nonpriority Creditor's Name PO Box 5529 When was the debt incurred? 04/2008 - 10/2014 Sioux Falls. SD 57117-5529 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit card bill ☐ Yes 4.1 First Premier Bank CC PA 5349 \$524.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 5529 When was the debt incurred? 07/2010 - 10/2014 Sioux Falls, SD 57117-5529 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit card bill ☐ Yes

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 22 of 50

Debtor 1 William P Coyne Case number (if know) 4.1 Illinois Gastrology Group PA 5899 \$250.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 7630 When was the debt incurred? 2015 Gurnee, IL 60031-7002 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical bill ☐ Yes 4.1 Merrick Bank CC PA 8471 \$1,737.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 660702 When was the debt incurred? 11/2010 - 09/2014 Dallas, TX 75266-0702 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit card bill ☐ Yes 4.1 Northwest Pulmonary Assoc PA 7607 \$526.36 Last 4 digits of account number Nonpriority Creditor's Name 7447 W Talcott Ave, Ste 542 When was the debt incurred? 2015 Chicago, IL 60631-3716 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify

Medical bill

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 23 of 50

william P Coyne	Case number (if know)	
Park Ridge Fire Dept PA	Last 4 digits of account number 1432	\$561.50
Nonpriority Creditor's Name Department 4074	When was the debt incurred? 2015	
Carol Stream, IL 60122-4074 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other. Specify Medical bill	
Portfolio Recovery Ass PA	Last 4 digits of account number 6443	\$2,597.00
Nonpriority Creditor's Name 120 Corporte Blvd, Ste 100 Norfolk, VA 23502	When was the debt incurred? 10/2014	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Collection account for Synchrony Bank	
Presence Resurrection Med Ctr PA	Last 4 digits of account number 4161	\$4,471.59
Nonpriority Creditor's Name 62221 Collection Center Dr Chicago, IL 60693-0622	When was the debt incurred? 2015	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other Specify Medical bill	

Deb	or 1 William P Coyne		Case number (if know)				
4.1 7	T-Mobile PA	Last 4 digits of account number	9154	\$507.63			
•	Nonpriority Creditor's Name PO Box 790047	When was the debt incurred?	2015				
	Saint Louis, MO 63179	_					
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	_					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	■ Other. Specify Utility bill					
4.1	TCF National Bank NA	Last 4 digits of account number	0825	\$748.00			
8	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ7-10.00			
	2508 South Louise Ave Sioux Falls, SD 57106	When was the debt incurred?	2015				
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a sepa	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Overdraft					
4.1 9	Village of Rosement	Last 4 digits of account number	1030	\$200.00			
3	Nonpriority Creditor's Name			·			
	9501 W Devon Ave	When was the debt incurred?	2016				
	Des Plaines, IL 60018		Charle all that and to				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	_	П.,					
	■ Debtor 1 only	Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	debt Is the claim subject to offset?						
	No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	■ Other. Specify Traffic Violation	aiton				

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 25 of 50
Case number (if know)

Debtor 1 William P Coyne

6.	 Total the amounts of certain types of unsecured claims. This information is for statistical reporting p type of unsecured claim. 	ourposes only. 28 U.S.C. §159. Add	the amounts for each
		Total Claim	

				i Otai Ciaiiii
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	•	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 23,214.93
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 23,214.93

		1700.11111		
Fill in this infor	mation to identify your	case:		
Debtor 1	William P Coyne			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				Chack if this is an
(ii kilowii)				Check if this is an

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Number	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
0	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	J.,		State		

		Docume	ent Page 27 o	ot 50	
Fill in thi	s information to identify your	case:			
Debtor 1	William P Coyne				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, fi	lling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
	, ,				
Case nun	nber				— O. 1.771
(if known)					Check if this is an amended filing
					amended ming
Officia	al Form 106H				
	dule H: Your Cod	lohtoro			40/45
Sche	dule H. Your Cod	ientoi 2			12/15
our nam	e and case number (if known you have any codebtors? (if). Answer every question			p of any Additional Pages, write
_	,	, , ,	•		
■ No					
Arizo ■ No □ Ye 3. In Co in lin	e 2 again as a codebtor only	a, Nevada, New Mexico, Pu ouse, or legal equivalent live otors. Do not include your if that person is a guaran	erto Rico, Texas, Wash e with you at the time? spouse as a codebto tor or cosigner. Make	nington, and Wisconsin.) r if your spouse is filin sure you have listed t	
	Column 2.	11 O I II 100E/1), OI O III I	uic o (omciai i omi i	ood). Ose defleadle D,	ochedule Lift, of ochedule o to fin
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The cro	editor to whom you owe the debt es that apply:
3.1				□ Cabadula D. lin	•
3.1	Name				
				☐ Schedule E/F,	
				Scriedule G, III	<u> </u>
	Number Street City	State	ZIP Code		
	City	State	ZIF Code		
				D = 7 · · · ·	
3.2	Namo			Schedule D, lir	
	Name			☐ Schedule E/F,	
				☐ Schedule G, Iir	ne
	Number Street				
	City	State	ZIP Code		

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 28 of 50

Fill	in this information t	to identify your ca	ase:									
Del	otor 1	William P Co	oyne			_						
	otor 2 buse, if filing)					_						
Uni	ted States Bankrup	otcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_						
(If kr	se number	1061					□ A □ A 1:	3 income	ed fili ent s as o	showing of the fo	g postpetitio	
_	chedule I:						M	1M / DD/ `	YYYY	Y		12/1
sup spo atta	plying correct info use. If you are sep ch a separate she	ormation. If you parated and you	sible. If two married peo are married and not filir ir spouse is not filing wi On the top of any addition	ng jointly, and your spo th you, do not include	ouse i inforn	s liv natio	ing with on about	you, inc	lude ouse	inform If mo	nation abou ore space is	t your needed,
1.	Fill in your empl information.	loyment		Debtor 1				Debtor	2 or	non-fil	ling spouse	!
1.		ve more than one job,		■ Employed				☐ Emp	loyed	Ł		
	attach a separate information about		Employment status	☐ Not employed				□ Not €	emplo	oyed		
	employers.		Occupation	Loan Originator								
	Include part-time, self-employed wo		Employer's name	Wintrust Mortgage)							
	Occupation may or homemaker, if		Employer's address									
			How long employed ti	here? 1 month				_				
Par	t 2: Give De	tails About Mor	nthly Income									
	mate monthly incouse unless you are		ate you file this form. If y	you have nothing to repo	ort for a	any I	ine, write	s \$0 in the	e spa	ce. Inc	lude your no	on-filing
	ou or your non-filing e space, attach a so		ore than one employer, co	ombine the information fo	or all e	mplo	yers for	that pers	on or	า the lin	nes below. If	you need
							For Deb	otor 1	_		otor 2 or ng spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$	1,	,820.00	\$		N/A	_
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$		0.00	+5	\$	N/A	_
1	Calculate gross	Income Add lin	2 1 lino 2		1	•	1 01	20.00		•	NI/A	

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 29 of 50

Deb	otor 1	William P Coyne		•	Case	number (<i>if ki</i>	nown)				
					For	Debtor 1			or Debtor		
	Cop	by line 4 here	4.		\$	1,820	0.00	\$		N/A	_
5.	Lice	all payroll deductions:									
Э.			Ε,	_	œ	200		æ		NI/A	
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b		\$_ \$		3.00 0.00	\$ \$		N/A N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$ _		0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	50		\$_		0.00	\$		N/A	_
	5e.	Insurance	56	e.	\$		0.00	\$		N/A	_
	5f.	Domestic support obligations	5f	f.	\$	(0.00	\$		N/A	_
	5g.	Union dues	50	g.	\$	(0.00	\$		N/A	-
	5h.	Other deductions. Specify:	5h	h.+	\$	(0.00	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	368	3.00	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,452	2.00	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									-
		monthly net income.	88		\$_		0.00	\$_		N/A	_
	8b.	Interest and dividends	. 8k	b.	\$	(0.00	\$_		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a depending regularly receive Include alimony, spousal support, child support, maintenance, divorce	lent								
		settlement, and property settlement.	80		\$_		0.00	\$_		N/A	-
	8d. 8e.	Unemployment compensation Social Security	8c 8e		\$_ \$	2,511	0.00	\$ \$		N/A N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistathat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ance 8f	f.	\$	(0.00	\$_		N/A	-
	8g.	Pension or retirement income	80	_	\$_		0.00	\$_		N/A	_
	8h.	Other monthly income. Specify:	8r	h.+	\$	(0.00	+ \$		N/A	=
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$	2,511	1.40	\$_		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,963.40	+ \$		N/A	= \$	3,963.40
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		* -		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					0,000110
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Scheel and contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are acify:	our dep		,	,		•	Schedul	e J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The le that amount on the Summary of Schedules and Statistical Summary of Colies								\$	
13.	Do :	you expect an increase or decrease within the year after you file this for No.	orm?							monthi	y income
		Yes. Explain: 1) Debtor began employment with Wintrust M based on commission. However, during his f draw of \$1,820.00 per month.									
		2) In addition to the draw, Debtor is presently upon Debtor's first commission paycheck, De									
		3) Debtor's LINK benefits are anticipated to b	e termi	nat	ed t	nis mont	h and	d the	refore a	re not	counted

on Schedule I.

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 30 of 50

Debtor 1 William P Coyne Case number (if known)

Official Form 106I Schedule I: Your Income page 3

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 31 of 50

Fill-	n this informa	tion to identify yo	nir case.	· · · · · · · · · · · · · · · · · · ·		1		
Debt		William P Co				Ch	eck if this is:	
DCD	101 1	William P CO	yne				An amended filing	
Debt (Spc	tor 2 ouse, if filing)							wing postpetition chapter the following date:
``		untoy Court for the	NORTH	HERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
		upicy Count for the.	NOITH	ILINI DISTRICT OF ILLIN	010		WIWI7 DD7 TTTT	
	e number nown)							
		rm 106J						
		J: Your I						12/1
info	rmation. If m		eded, atta	. If two married people ar ich another sheet to this n.				
Part		ibe Your House	hold					
1.	Is this a joir							
	■ No. Go to		n a senar	ate household?				
	□ N		n a sepai	ate nousenoia.				
			t file Offici	al Form 106J-2, Expenses	for Separate House	ehold of De	ebtor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.			Child		_ <u>11</u>	■ Yes □ No
					Child		15	■ Yes
							<u> </u>	□ No
								☐ Yes
								□ No □ Yes
3.	Do your exp	enses include		No				□ res
		f people other ti d your depende	ոan _—	Yes				
Part	2: Estim	ate Your Ongoi	na Month	v Expenses				
Esti exp	imate your ex	penses as of yo	our bankr	uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	value of sucl icial Form 10		d have inc	cluded it on Schedule I:)	our Income		Your exp	enses
4.		r home owners		ses for your residence. In or lot.	nclude first mortgag	e 4.	\$	1,550.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's				4b.	\$	0.00
				upkeep expenses		4c.	·	50.00
5.		owner's associat nortgage pavme		dominium dues our residence, such as ho	me equity loans	4d. 5.	·	0.00

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 32 of 50

Deb	otor 1	William P Coyne				ber (if knowr	n)
6.	Utiliti	ies:					
	6a.		heat, natural gas	6	a.	\$	325.00
	6b.	Water, sev	wer, garbage collection	6	b.	\$	0.00
	6c.	Telephone	e, cell phone, Internet, satellite, and cable ser	vices 6	Эc.	\$	275.00
	6d.	Other. Spe	ecify:	6	id.	\$	0.00
7.	Food		ekeeping supplies	_	7.	\$	800.00
8.			children's education costs		8.	\$	100.00
9.	Cloth	ning, laund	ry, and dry cleaning		9.	\$	200.00
10.	Perso	onal care p	products and services	1	0.	\$	100.00
		-	ntal expenses	1	1.	\$	180.00
			Include gas, maintenance, bus or train fare.			· —	
			ar payments.		2.	•	250.00
13.	Enter	rtainment,	clubs, recreation, newspapers, magazines	, and books 1	3.	\$	100.00
14.	Chari	itable cont	ributions and religious donations	1	4.	\$	43.30
15.	Insur	rance.					
			surance deducted from your pay or included				
	15a.	Life insura	ince		a.	*	0.00
	15b.	Health ins	urance	15	b.	\$	0.00
	15c.	Vehicle in:	surance	15	c.	\$	90.00
	15d.	Other insu	rance. Specify:	15	d.	\$	0.00
16.			clude taxes deducted from your pay or include	ed in lines 4 or 20.			
	Speci	,		1	6.	\$	0.00
17.			ease payments:				_
			ents for Vehicle 1		a.		165.01
			ents for Vehicle 2		b.		0.00
		Other. Spe		17	c.	\$	0.00
		Other. Spe	·		ď.	\$	0.00
18.			of alimony, maintenance, and support that		0	¢.	0.00
40			your pay on line 5, Schedule I, Your Incom	c (Omolai i Omi 1001).	8.	Φ	
19.			s you make to support others who do not l	•	_	>	0.00
20	Speci	· —	outer assume a continuous de discontinuous de conf		9.		_
20.			erty expenses not included in lines 4 or 5 or		ro a.		e. 0.00
		Real estat			b.		0.00
					ю.)с.		-
			homeowner's, or renter's insurance		d.		0.00
			nce, repair, and upkeep expenses er's association or condominium dues				0.00
0.4			er's association of condominium dues		e.	·	0.00
21.	Otne	r: Specify:		2	:1.	+\$	0.00
22.	Calcu	ulate your	monthly expenses				
			through 21.			\$	4,228.31
			2 (monthly expenses for Debtor 2), if any, from	n Official Form 106J-2		\$	-,
			a and 22b. The result is your monthly expens			\$	4,228.31
	220.7	riad iirio ZZi	a and 225. The result is your monthly expend			Ψ	4,220.31
23.	Calcu	ulate your	monthly net income.				
	23a.	Copy line	12 (your combined monthly income) from Sch	edule I. 23	a.	\$	3,963.40
	23b.	Copy your	monthly expenses from line 22c above.	23	b.	-\$	4,228.31
	23c.		our monthly expenses from your monthly inco	ome.		·	-264.91
		The result	is your monthly net income.	23	sc.	\$	-204.91
0.4	n			unidation discourage of the control of	L. 7 -	£	
24.			an increase or decrease in your expenses ou expect to finish paying for your car loan within the				norease or decrease because of a
			terms of your mortgage?	s year or do you expect your mortga	ye k	Jayını c ını 10 l	norease of decrease because of a
	■ No		,				
			Explain here:				

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 33 of 50

Fill in this info	rmation to identify your	case:			
Debtor 1	William P Coyne				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	sankruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official For	m 106Daa				
Official For					
Declara	tion About a	an Individua	I Debtor's Sc	hedules	12/15
If two married p	people are filing togethe	r, both are equally resp	onsible for supplying cor	rect information.	
Vou must file th	vie form whonover you f	ilo hankruntev echodule	se or amondod echoduloe	Making a falso stator	ment, concealing property, or
), or imprisonment for up to 20
years, or both.	18 U.S.C. §§ 152, 1341, 1	I519, and 3571.	. ,	• , ,	
Sig	gn Below				
Did you pa	ay or agree to pay some	eone who is NOT an atto	orney to help you fill out b	ankruptcy forms?	
■ No					
□ Yes.	Name of person			Attach <i>Bankı</i>	ruptcy Petition Preparer's Notice,
					and Signature (Official Form 119)
Under nen	alty of periury I declare	that I have read the sur	mmary and schedules file	d with this declaration	n and
	re true and correct.	that I have read the 3ul	milary and schedules me	u with this declaration	rana
X /s/ Wi	Iliam P Coyne		X		
	m P Coyne		Signature of	Debtor 2	
	ure of Debtor 1		ŭ		

Date _____

Date May 16, 2016

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 34 of 50

Fill	in this inform	nation to identify you	r case:			
	otor 1	William P Coyne				
		First Name	Middle Name	Last Name		
l	otor 2 use if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bar	nkruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
Car	se number					
	nown)					Check if this is an mended filing
	ficial For		Affairs for Indivi	duals Filing for B	ankruptcy	4/10
Be a info num	ns complete a rmation. If mander (if known	nd accurate as possi ore space is needed,). Answer every que	ible. If two married people a attach a separate sheet to stion.	are filing together, both are this form. On the top of an	equally responsible for sup y additional pages, write you	
			erital Status and Where You	ı Lived Before		
1.	What is your	current marital statu	IS?			
	■ Married■ Not marr	ried				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	t all of the places you l	ived in the last 3 years. Do n	ot include where you live now	<i>ı</i> .	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. state					ity property state or territory ico, Texas, Washington and W	
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Par	t 2 Explain	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including partetogether, list it only once ur		ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$1,162.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Page 35 of 50
Case number (if known) Document

Debtor 1 William P Coyne

					Debtor 1		Debtor 2		
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
			dar year: December	31, 2015)	■ Wages, commissions, bonuses, tips	\$57,804.00	☐ Wages, common bonuses, tips	nissions,	
					☐ Operating a business		☐ Operating a b	usiness	
			dar year be December		■ Wages, commissions, bonuses, tips	\$35,809.00	☐ Wages, comm bonuses, tips	nissions,	
					☐ Operating a business		☐ Operating a b	usiness	
5.	Incluand of winning	de indother ings. I each s	come regard public benef If you are fili	lless of wheth fit payments; ing a joint cas he gross inco	e during this year or the two ler that income is taxable. Exa pensions; rental income; inter le and you have income that y ly me from each source separate	amples of other income are a rest; dividends; money collect you received together, list it o	ted from lawsuits; re nly once under Deb	oyalties; and otor 1.	
					Debtor 1		Debtor 2		
					Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco	me	Gross income (before deductions and exclusions)
			1 of curre		Unemployment Benefits	\$4,640.00			
						\$4,640.00 \$1,500.00			
the	date	you f	iled for bar	nkruptcy:	LINK (Public Benefits)	\$1,500.00			
Par	date	you f	iled for bar	yments You	LINK (Public Benefits) Made Before You Filed for	\$1,500.00 Bankruptcy			
Par	rt 3:	you f	Certain Pa Debtor 1's	yments You or Debtor 2	LINK (Public Benefits)	\$1,500.00 Bankruptcy r debts? umer debts. Consumer debts	s are defined in 11 l	J.S.C. § 101((8) as "incurred by an
the	rt 3:	you f	Certain Pa Debtor 1's Neither De individual p	yments You or Debtor 2' ebtor 1 nor Debrimarily for a	Benefits LINK (Public Benefits) Made Before You Filed for the second s	\$1,500.00 Bankruptcy r debts? umer debts. Consumer debts ld purpose."			(8) as "incurred by an
Par	rt 3:	you f	Certain Pa Debtor 1's Neither Deindividual p During the No.	yments You or Debtor 2' ebtor 1 nor Debrimarily for a 90 days befor Go to line 7	Made Before You Filed for least or 2 has primarily consumer personal, family, or household re you filed for bankruptcy, discovere you filed for bankruptcy, discovere you filed for bankruptcy, discovere you filed for bankruptcy, discovered to the second s	\$1,500.00 Bankruptcy r debts? umer debts. Consumer debts ld purpose." d you pay any creditor a total	of \$6,425* or more	?	
Pa	rt 3:	you f	Certain Pa Debtor 1's Neither Deindividual p During the No. Yes	yments You or Debtor 2 ebtor 1 nor Debrimarily for a 90 days befor Go to line 7 List below e paid that crunot include	Benefits LINK (Public Benefits) Made Before You Filed for the second personal, family, or household personal	\$1,500.00 Bankruptcy r debts? umer debts. Consumer debts Id purpose." d you pay any creditor a total d a total of \$6,425* or more into for domestic support oblighis bankruptcy case.	of \$6,425* or more n one or more payn ations, such as chil	e? nents and the d support an	e total amount you
Pa	rt 3:	List either	Certain Pa Debtor 1's Neither Deindividual p During the No. Yes * Subject	yments You or Debtor 2 ebtor 1 nor Debtor 1 go days befor 3 Go to line 7 List below e paid that cre not include to adjustment	Benefits LINK (Public Benefits) Made Before You Filed for the second s	\$1,500.00 Bankruptcy r debts? umer debts. Consumer debts Id purpose." d you pay any creditor a total id a total of \$6,425* or more in this for domestic support oblighis bankruptcy case. s after that for cases filed on umer debts.	of \$6,425* or more n one or more payn ations, such as chil or after the date of	e? nents and the d support an	e total amount you
Par	rt 3:	List either	Certain Pa Debtor 1's Neither Deindividual p During the No. Yes * Subject	yments You or Debtor 2 ebtor 1 nor Debtor 1 go days befor 3 Go to line 7 List below e paid that cre not include to adjustment	Made Before You Filed for Manual Personal, family, or household when you filed for bankruptcy, disconditional Companyments of the Young	\$1,500.00 Bankruptcy r debts? umer debts. Consumer debts Id purpose." d you pay any creditor a total id a total of \$6,425* or more in this for domestic support oblighis bankruptcy case. s after that for cases filed on umer debts.	of \$6,425* or more n one or more payn ations, such as chil or after the date of	e? nents and the d support an	e total amount you
Par	rt 3:	List either	Certain Pa Debtor 1's Neither Deindividual p During the No. Yes * Subject Debtor 1 c During the	yments You for Debtor 2 ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o 90 days befor Go to line 7 List below e include pay	Made Before You Filed for Manual Personal, family, or household when you filed for bankruptcy, disconditional Companyments of the Young	\$1,500.00 Bankruptcy r debts? Imer debts. Consumer debts Id purpose." d you pay any creditor a total id a total of \$6,425* or more in ints for domestic support oblig his bankruptcy case. s after that for cases filed on imer debts. d you pay any creditor a total id a total of \$600 or more and	of \$6,425* or more none or more paymations, such as chill or after the date of of \$600 or more?	e? nents and the d support an adjustment.	e total amount you id alimony. Also, do

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Page 36 of 50 Case number (if known) Document

Debtor 1 William P Coyne

Dates of payment	Total amount paid	Amount you	Was this payment for
2016		still owe	was this payment for
	\$5,000.00	\$0.00	☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other _ Delinquent rent
I partners; relatives of any gen in control, or owner of 20%	neral partners; partners or more of their voting	erships of which you	ou are a general partner; corporations by managing agent, including one fo
Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
2015	\$1,550.00	\$0.00	Repayment of personal loan
2015	\$500.00	\$0.00	Repayment of personal loan
cosigned by an insider. Dates of payment	Total amount	Amount you	Reason for this payment
	paid	still owe	Include creditor's name
sions, and Foreclosures			
Nature of the case	Court or agency		Status of the case
Nature of the case Collection suit	Court or agency Circuit Court o County, IL	f Cook	Status of the case Pending On appeal Concluded
	Dates of payment 2015 2015 Dates of payment 2015 Dates of payment cosigned by an insider. Dates of payment payme	Dates of payment 2015 Dates of payment 2015 \$1,550.00 Dates of payment 2015 \$500.00 Dates of payment Total amount paid \$1,550.00 Dates of payment Total amount paid \$1,550.00 Dates of payment Total amount paid \$1,550.00 Dates of payment Total amount paid \$500.00 Dates of payment Total amount paid Cosigned by an insider. Dates of payment Total amount paid Total amount paid Sions, and Foreclosures Uptcy, were you a party in any lawsuit, court act	paid still owe 2015 \$1,550.00 \$0.00 2015 \$500.00 \$0.00 uptcy, did you make any payments or transfer any property on a cosigned by an insider. Dates of payment Total amount paid Amount you still owe

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main

Del	otor 1	William P Coyne	Document	Page 37 of 50	umber (if known)	
10.		in 1 year before you filed for bankruptc k all that apply and fill in the details below		operty repossessed, fore	closed, garnished, attached	, seized, or levied?
	_	No. Go to line 11. Yes. Fill in the information below.				
	Cred	ditor Name and Address	Describe the Proper	•	Date	Value of the propert
11.	acco	in 90 days before you filed for bankrupt unts or refuse to make a payment beca No Yes. Fill in the details.		ncluding a bank or financ	cial institution, set off any a	mounts from your
		ditor Name and Address	Describe the action	the creditor took	Date action was taken	Amoun
12.	court	in 1 year before you filed for bankruptc t-appointed receiver, a custodian, or an No Yes List Certain Gifts and Contributions		operty in the possession	of an assignee for the bene	fit of creditors, a
13.		in 2 years before you filed for bankrupt No Yes. Fill in the details for each gift.	cy, did you give any g	ifts with a total value of r	more than \$600 per person?	
	per Pers	s with a total value of more than \$600 person son to Whom You Gave the Gift and lress:	Describe the gif	its	Dates you gave the gifts	Value
14.		in 2 years before you filed for bankrupt No Yes. Fill in the details for each gift or contr		ifts or contributions with	a a total value of more than \$	6600 to any charity
	mor Cha	s or contributions to charities that tota e than \$600 rity's Name ress (Number, Street, City, State and ZIP Code)	Describe what y	ou contributed	Dates you contributed	Value
	Que 628	een Of All Saints Church 0 N Sauganash Ave cago, IL 60646	App. \$10.00 cadonations	ash per week in	Weekly last 24 months	\$1,040.00
Par	rt 6:	List Certain Losses				
15.		in 1 year before you filed for bankruptc ambling?	y or since you filed fo	r bankruptcy, did you los	se anything because of theft	, fire, other disaste

No

Yes. Fill in the details.

Describe the property you lost and Describe any insurance coverage for the loss Date of your how the loss occurred loss Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

lost

Value of property

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Page 38 of 50
Case number (if known) Document

Debtor 1 William P Coyne

Part 7:	List Certain	Payments	or Transfers

ıaı	List Certain rayments or Transiers						
Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to a consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.							
	■ No						
	Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and votransferred	alue of any prop	perty	Date payment or transfer was made	Amount of payment	
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.						
	■ No						
	☐ Yes. Fill in the details.						
	Person Who Was Paid Address	Description and vo	alue of any prop	perty	Date payment or transfer was made	Amount of payment	
18.	transferred in the ordinary course of your busi Include both outright transfers and transfers made						
	Person Who Received Transfer	Description and v	alue of	Describe	any property or	Date transfer was	
	Address	property transferr		payment	s received or debts exchange	made	
	Person's relationship to you						
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No						
	Yes. Fill in the details.						
	Name of trust	Description and v	alue of the prop	erty transfei	rred	Date Transfer was made	
Par	List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and Sto	rage Units			
20.	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred?	•					
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No						
	Yes. Fill in the details.						
		ast 4 digits of ccount number	Type of accourtinstrument	c m	ate account was losed, sold, noved, or ransferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 year cash, or other valuables?	r before you filed for	bankruptcy, any	y safe depos	sit box or other depos	itory for securities,	
	No						
	☐ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe the	e contents	Do you still have it?	

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 39 of 50 Case number (if known)

22.	Have you stored property in a storage unit or pla	ace other than your home within 1	year before you filed for bankruptcy?	•
	Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	9: Identify Property You Hold or Control for S	Someone Else		
23.	Do you hold or control any property that someo for someone.	ne else owns? Include any proper	ty you borrowed from, are storing for,	or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Valu
Par	10: Give Details About Environmental Informa	ation		
For	he purpose of Part 10, the following definitions	apply:		
-	Environmental law means any federal, state, or toxic substances, wastes, or material into the ai regulations controlling the cleanup of these subsite means any location, facility, or property as to own, operate, or utilize it, including disposal	r, land, soil, surface water, ground ostances, wastes, or material. defined under any environmental l	dwater, or other medium, including sta	atutes or
	Hazardous material means anything an environmental hazardous material, pollutant, contaminant, or s	mental law defines as a hazardous	s waste, hazardous substance, toxic s	ubstance,
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of wher	n they occurred.	
24.	Has any governmental unit notified you that you	ı may be liable or potentially liable	under or in violation of an environme	ntal law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adminis	strative proceeding under any envi	ronmental law? Include settlements a	nd orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	11: Give Details About Your Business or Con	nections to Any Business		
27.	Within 4 years before you filed for bankruptcy, c	•		business?
	☐ A sole proprietor or self-employed in a t		-	
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)	

Entered 05/16/16 21:33:48 Case 16-16525 Doc 1 Filed 05/16/16 Document Page 40 of 50 Debtor 1 ase number (if known) William P Coyne ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 41 of 50

Fill in this infor	mation to identify your	case:			
Debtor 1	William P Coyne				
	First Name	Middle Name	Last Name		
Debtor 2	First Name	Middle Norse	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS		
Coco numbor					
Case number _					☐ Check if this is an
					amended filing
			riduals Filing Ur	nder Chapter	· 7 12/15
	e claims secured by yo	-			
You must file thi whiche on the	ever is earlier, unless th form	rithin 30 days after se court extends th	you file your bankruptcy peti e time for cause. You must a	Iso send copies to the c	creditors and lessors you list
	eople are filing together and date the form.	r in a joint case, bo	th are equally responsible fo	r supplying correct info	rmation. Both debtors must
write y	our name and case nur	nber (if known).	needed, attach a separate s	heet to this form. On the	e top of any additional pages,
	our Creditors Who Have		: Creditors Who Have Claims	Secured by Property ((Official Form 106D), fill in the
information be	elow.				•
Identify the cr	editor and the property t	hat is collateral	What do you intend to do verse secures a debt?	with the property that	Did you claim the property as exempt on Schedule C?
Creditor's S	Springleaf PA		\square Surrender the property.		□ No
name:			Retain the property and	redeem it.	-
Description of	2003 Ford Escape	140.000 miles	Retain the property and e		Yes
property		.,	Reaffirmation Agreemen Retain the property and [
securing debt:			- retain the property and p	explainj.	
For any unexpire in the information	on below. Do not list rea	ase that you listed Il estate leases. Un		at are still in effect; the I	Leases (Official Form 106G), fill lease period has not yet ended.
Describe your u	inexpired personal pro	perty leases		v	Vill the lease be assumed?
Lessor's name:				Γ	□ No
Description of lea Property:	ased			г	□ Yes
				L	⊒ 168
Lessor's name:				Γ	□ No
Description of lea	ased				
Property:				Γ	☐ Yes
Lessor's name:				г	7 No

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 42 of 50

Debto	or 1 _	William P Coyne	Case number (if known)	
	•	of leased		_
Prope	erty:			☐ Yes
	or's na	ime: of leased		□ No
Prope				☐ Yes
	or's na	ime: of leased		□ No
Prope	•	of loaded		☐ Yes
	or's na	ime: of leased		□ No
Prope	•	oricascu		☐ Yes
	or's na	ime: of leased		□ No
Prope		oi leaseu		☐ Yes
Part 3	3: S	Sign Below		
		alty of perjury, I declare that I have at is subject to an unexpired lease	ndicated my intention about any property of my estate that see	cures a debt and any personal
X	/s/ W	illiam P Coyne	_ x _	
		am P Coyne ture of Debtor 1	Signature of Debtor 2	
	Date	May 16, 2016	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-16525 Doc 1 Filed 05/16/16 Entered 05/16/16 21:33:48 Desc Main Document Page 47 of 50

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In r	e William P Coyne		Case No		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE			, ,	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filible rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy,	or agreed to be par	d to me, for service	
	For legal services, I have agreed to accept		\$	1,000.00	
	Prior to the filing of this statement I have received		\$	165.00	
	Balance Due		\$	835.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed com	pensation with any other person	unless they are me	mbers and associat	es of my law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na				my law firm. A
5.	In return for the above-disclosed fee, I have agreed to r	render legal service for all aspect	ts of the bankruptcy	case, including:	
	 a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] See representation agreement 	atement of affairs and plan which	may be required;	-	bankruptcy;
6.	By agreement with the debtor(s), the above-disclosed for See representation agreement	ee does not include the following	g service:		
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of an bankruptcy proceeding.	ny agreement or arrangement for	payment to me for	representation of	the debtor(s) in
ı	May 16, 2016	/s/ Robert J Skow	vronski		
1	Date	Robert J Skowro			
		Signature of Attorne Law Offices of Re	ey obert J Skowron	ski, Ltd	
		5491 N. Milwauke	ee Ave	•	
		Chicago, IL 6063((773) 283-1600 F		40	
		rbskowronski@g		. •	

Name of law firm

United States Bankruptcy Court Northern District of Illinois

In re	William P Coyne		Case No.	
		Debtor(s)	Chapter 7	
	VE	RIFICATION OF CREDITOR M	IATRIX	
		Number of	Creditors:	55
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credi	tors is true and correct to t	the best of my
Date:	May 16, 2016	/s/ William P Coyne William P Coyne Signature of Debtor		

18-3 E Dundee Road, Ste 330 Barrington, IL 60010

A/R Concept Case 16-16525 Doc 1 File (16) 75/146/16 21:336:48 BARGCOMAIN PDOSSUM PAGE 49 of 50 10705 S Jordan GTWY Ste 200 Salt Lake City, UT 84130-0253

South Jordan, UT 84095

A/R Concerpts Inc 33 Higgins Road Barrington, IL 60010 Capital One Bank CC PO Box 71107 Charlotte, NC 28272-1107

Merrick Bank CC PO Box 9201 Old Bethpage, NY 11804-9001

Armor Systems Corp 2322 N Green Bay Road Waukegan, IL 60087-4209

Central Credit Services PO Box 1850 Saint Charles, MO 63302 Merrick Bank CC #660702 1500 Dragon Street, Ste A Dallas, TX 75207

Barclary Bank CC PO Box 8801 Wilmington, DE 19899-8801

FBCS Services 330 S Warminster Road, Ste 353 Hatboro, PA 19040

Midland Funding LLC C/O IL Corp Service C 801 Adlai Stevenson Drive Springfield, IL 62703

Barclay Bank CC PO Box 13337 Philadelphia, PA 19101-3337 First Premier Bank CC 3820 N Louise Ave Sioux Falls, SD 57107

Midland Funding LLC 8875 Aero Dr, Ste 200 San Diego, CA 92123-2255

Barclay Bank CC 125 South West Street Wilmington, DE 19801

First Premier Bank CC PO Box 5524 Sioux Falls, SD 57117-5524 Midland Funding LLC PA 2365 Northside Drive, Ste 300 San Diego, CA 92108

Blatt Hasenmiller Leibsker & Moore 10 S LaSalle Street, Ste 2200 Chicago, IL 60603-1069

First Premier Bank CC 601 S Minnesota Ave Sioux Falls, SD 57104

Portfolio Recovery Ass C/O IL Corp Services C 801 Adlai Stevenson Drive Springfield, IL 62703

Capital One Bank CC PO Box 71083 Charlotte, NC 28272-1083 Firstsource Advantage LLC PO Box 628 Buffalo, NY 14240-0628

Portfolio Recovery Ass PO Box 12914 Norfolk, VA 23541-1223

Capital One Bank CC 6125 Lakeview Road, Ste 800 Charlotte, NC 28269

Firstsource Advantage LLC PA 205 Bryant Woods South Buffalo, NY 14228

Presence Resurrection Med Center 621 17th Street, Ste 1800 Denver, CO 80293

Capital One Bank CC PO Box 30285 Salt Lake City, UT 84130-0285

Golf Western Surgical Specialists 8901 Golf Road, Ste 305 Des Plaines, IL 60016

Receivables Performance Managme PO Box 1548 Lynnwood, WA 98046-1548

Receivables Particulation of The Fragrand PA 20816 44th Ave W Lynnwood, WA 98036

Failed Que/16/21 Entered 405/16/16 21:33 He Rescul Mains PA PDOSNIMENTS Page 50 of 50 Chicago, IL 60675-2523

120 Corporte Blvd, Ste 100 Norfolk, VA 23502

Springleaf 601 N.W. 2nd St. Evansville, IN 47708

Armor Systems Corp PA 1700 Kiefer Drive, Ste 1 Zion, IL 60099

Presence Resurrection Med Ctr PA 62221 Collection Center Dr Chicago, IL 60693-0622

Springleaf 3051 N Central Ave, Ste D Chicago, IL 60634-5395

Barclay Bank CC PA PO Box 60517 City of Industry, CA 91716-0517 T-Mobile PA PO Box 790047 Saint Louis, MO 63179

Springleaf 3133 N Central Ave Chicago, IL 60634-5314

Capital One Bank CC PA PO Box 6492 Carol Stream, IL 60197-6492 TCF National Bank NA 2508 South Louise Ave Sioux Falls, SD 57106

Springleaf PA PO Box 790368 Saint Louis, MO 63179-0368

Center For Internal Medicine PA 501 North Riverside Drive, Ste 216 Gurnee, IL 60031

Village of Rosement 9501 W Devon Ave Des Plaines, IL 60018

T-Mobile PO Box 742596 Cincinnati, OH 45274-2596 First Premier Bank CC PA PO Box 5529 Sioux Falls, SD 57117-5529

The Ear Nose & Throat Center 1450 Busch Pkwy, 401 Buffalo Grove, IL 60089

Illinois Gastrology Group PA PO Box 7630 Gurnee, IL 60031-7002

A/R Concepts Inc 2320 Dean St, Ste 202 Saint Charles, IL 60175-1068 Merrick Bank CC PA PO Box 660702 Dallas, TX 75266-0702

Advocate Lutheran General Hosp PA PO Box 4249 Carol Stream, IL 60197-4249

Northwest Pulmonary Assoc PA 7447 W Talcott Ave, Ste 542 Chicago, IL 60631-3716

Advocate Medical Group 4920 N Central Ave, Ste 2 Chicago, IL 60630

Park Ridge Fire Dept PA Department 4074 Carol Stream, IL 60122-4074